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maintenance fee notificati	ons.			,	, (-, maioning a sepa	aute 125 ADDIGESS 10
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CROMPTON, S 1221 NICOLLET SUITE 800	Cheriffeate of Mailing or Transmission Lhereby certify that this Fee() Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USFTO (371) 273-2883, on the date indicated below.						
MINNEAPOLIS,	MN 55403-2420				Ann Li		(Depositor's name)
				Man	nRu	Ina	(Signature)
					ecembe	r 11, 2007	(Date)
APPLICATION NO.	PLICATION NO. FILING DATE		FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/699,727	, sometime b.			1001.1426103 3544			
TITLE OF INVENTION: PERCUTANEOUS CATHETER AND GUIDEWIRE FOR FILTERING DURING ABLATION OF MYOCARDIAL OR VASCULAR TISSUE							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	50		\$1700	12/11/2007
EXAMIN	VER	ART UNIT	CLASS-SUBCLASS	7			
TYSON, MELAI	NIE RUANO	3731	606-200000	_			
I. Change of corresponden CFR 1.363).		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1					
Change of correspondence address (or Change of Correspondence or Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a							E LLC
Tree Address" indice PTO/SB/47; Rev 03-02 Number is required.	ation (or "Fee Address" or more recent) attach	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNÉE NAME AN	D RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print o	r type)			
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
BOSTON SCIENTIFIC SCIMED, INC. MAPLE GROVE, MINNESOTA							
Please check the appropriate assignee eategory or eategories (will not be printed on the patent): 🔲 Individual 💥 Corporation or other private group entity 🛄 Government							
4a. The following fee(s) are	Please first reapply a: cd.	ny previou	isly paid issue fee s	hown above)			
Publication Fee (No	t card. Form PTO-2038 is attached.						
Advance Order - # c	eby authorized to charge the required fee(s), any deficiency, or credit any eposit Account Number50-0413 (enclose an extra copy of this form).						
5. Change in Entity Status a. Applicant claims S			☐ b. Applicant is no	-			
NOTE: The Issue Fee and interest as shown by the rec			d from anyone other th Office.	an the applicant; a regi	stered atto	rney or agent; or the	assignee or other party in
Authorized Signature	(PW/1.1	11///		Date	Decem	ber 11, 200)7
Typed or printed name	Registration No. 36,926						
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